

**DEPARTMENT OF INDUSTRIAL RELATIONS  
DIVISION OF OCCUPATIONAL SAFETY AND HEALTH  
PRESSURE VESSEL INVOICE  
CREDIT CARD PAYMENT FORM**

DATE: \_\_\_\_\_ INVOICE #: \_\_\_\_\_  
(MM/DD/YY)

COMPANY NAME: \_\_\_\_\_

DBA: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

INVOICE DATE: \_\_\_\_\_ INV AMT DUE: \_\_\_\_\_  
(MM/DD/YY)

CALLER NAME: \_\_\_\_\_


EMAIL ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

**CREDIT CARD INFORMATION:**

TYPE OF CREDIT CARD: (Check one)                      VISA                      MASTERCARD

CREDIT CARD NUMBER: \_\_\_\_\_

SECURITY CODE (3-digit number shown on back of card after credit card no.): \_\_\_\_\_ 

EXPIRATION DATE (mm/yy): \_\_\_\_\_

NAME ON CREDIT CARD (Please print): \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

PAYMENT AMOUNT: \_\_\_\_\_

AUTHORIZATION AMOUNT (Optional): \_\_\_\_\_

SIGNATURE AUTHORIZATION: \_\_\_\_\_

PLEASE SEND CONFIRMATION BY: (Check one)                      FAX                      EMAIL

***PLEASE FAX THIS FORM TO (415) 703-3037***

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FOR USE BY DIR ACCOUNTING ONLY:

PREPARED BY: \_\_\_\_\_

AUTHORIZATION NUMBER: \_\_\_\_\_

DATE AUTHORIZED: \_\_\_\_\_ TAKEN BY PHONE: Volume License Software